



State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 20.21

Subject: Emergency and PRN Use of Psychotropic Medication

Supersedes: DCS 20.21, 04/01/04

Local Policy: No

Local Procedures: No

Training Required: Yes

Applicable Practice Model Standard(s): Yes

Approved by:

Effective date: 04/01/04

Revision date: 02/01/05

Application

To All Department of Children's Services Employees and Contract Providers

Authority: TCA 37-5-106, TCA 33-8-202

Policy

All DCS facilities and contract facilities associated with the Department of Children's Services shall regulate the handling and administration of psychotropic medications in accordance with professional standards of care, good security practices, and appropriate state and federal laws. The use of chemical restraints for any child/youth in the care of DCS is prohibited.

Procedures

A. Organizational leadership

It is the intent of DCS to have each child/youth attain and maintain his/her highest practical well-being in an environment that prohibits the use of psychotropic medication for discipline, coercion, retaliation, convenience of staff or as a substitute for appropriate programming. DCS ensures that its own facilities and those of its contracting providers:

1. Psychotropic medication will only be used for the purpose of treating a child/youth's psychiatric illness and never for the purpose of chemical restraint, immobilization, or behavior control.

2. Provide appropriate programming and staff training to prevent emergencies that have the potential to lead to the emergency use of psychotropic medication.
3. Limit the emergency use of psychotropic medication to situations in which there is an imminent risk of an individual physically harming himself/herself or others, including staff.

B. Emergency use of psychotropic medication

In the event of a psychiatric emergency, when all other measures have been determined unlikely to prevent the child/youth from imminent harm to self and/or others, an emergency one-time-dose of a psychotropic medication may be administered without the child/youth's consent.

1. The emergency use of psychotropic medication will be allowed only for those children/youth placed in a mental health facility pursuant to mental health statutes of Tennessee. *All Joint Commission on Accreditation of Health Care Organizations (JCAHO)* standards and procedures must be met for the administration of the emergency dose of medication as well as for monitoring and reporting (including those standards that would apply to chemical restraint).
2. This decision shall be based on the professional judgment of the psychiatrist (or licensed independent practitioner) and to treat the child/youth's underlying psychiatric disorder and not for immobilization or behavior control.
3. Documentation of the need for emergency medication must be made in the child/youth's health record.
4. Informed consent is not needed prior to the one-time dose of emergency psychotropic medication, but its use must be reported to the DCS home county case manager, parents, regional resource management and the DCS Central Office Quality Assurance Division within twenty-four (24) hours of administration.
5. The DCS Division Of Medical and Behavioral Services will review each incidence of the emergency use of psychotropic medication.

C. Ordering of the emergency use of psychotropic medication

A licensed psychiatrist (or other licensed physician or nurse practitioner) orders the use of emergency medication. The order must be timed and dated in the health record.

1. If order is taken verbally, the written order must be signed by the treating/prescribing psychiatrist within twenty-four (24) hours and documented in the health record.
2. The order for the emergency use of psychotropic medication does not exceed a one-time dose.
3. The child/youth receiving the emergency dose of psychotropic medication must be seen and evaluated by a licensed psychiatrist/physician or nurse practitioner within one (1) hour after emergency medication has been initiated.
4. Orders for the use of emergency medication are not written as a standing order or on a PRN basis.

D. Monitoring

A designated staff member who is in the immediate physical presence and in the same room as the child/youth and who is trained to monitor emergency medicated children/youth must continuously observe the child/youth. Particular attention must be given to safety issues such as falls. This monitoring will continue for the time frame defined by the licensed independent practitioner or for (2) two hours if not specified.

E. Documentation

Documentation in the clinical record reflects:

1. Clinical justification for use;
2. That, prior to the emergency, the individual understands and agrees with the treatment plan (provided that the emergency situation does not occur at the time of admission);
3. The specific interventions, appropriate methods, and de-escalation procedures that were used prior to the emergency medication.
4. The administration of the emergency medication, including the route of (IM or PO), location if injection, and how the intervention was tolerated by the child/youth.
5. Determination of medication effectiveness by the nurse via monitoring and observation of the child/youth's behaviors and actions as well as physiological response to the medication as ordered by licensed independent practitioner

and depending on the medication utilized. The child/youth receiving emergency psychotropic medication should be examined every fifteen (15) minutes for one hour for mental status, blood pressure, pulse, respiration, signs of distress, signs and symptoms of adverse drug reaction and other issues as indicated. After the first hour, this assessment of the child/youth will occur every thirty (30) minutes for three (3) hours, and then routine monitoring will resume.

6. Visual observations of the child/youth's behavior must be documented at intervals no greater than fifteen (15) minutes. This monitoring will continue for the time frame defined by the licensed independent practitioner or for two (2) hours if not specified.
7. Basic rights of human dignity, privacy, and respect shall be maintained.

F. Notification of family and DCS

1. Each instance of emergency medication will be reported to the department in accordance with the reporting of incidents (see DCS Policy [1.4, Incident Reporting](#)). They will be reported on form *CS-0496, Serious Incident Report for DCS Contract Agencies and DCS Foster Homes* or on the Critical Incident Reporting Web-based application on the DCS Intranet and submitted to the DCS Quality Assurance Division and the Medical and Behavioral Services Division for review.
2. The child/youth's family, the DCS home county case manager, regional resource management and Central Office Quality Assurance Division shall be notified as soon as possible but at least within twenty-four (24) hours of the initiation of emergency use of psychotropic medication.

G. Evaluation

1. The physician or licensed nurse practitioner conducts an in-person evaluation of the individual **within one (1) hour** of the initiation of emergency psychotropic medication for children/youth.
2. The treating physician must be consulted as soon as possible but at least within twenty-four (24) hours of the initiation of the emergency use of psychotropic medication if it is not ordered by the patient's treating physician.

H. Restrictions

Forms of psychotropic medication characterized by a slow rate of absorption and long duration of action (e.g., SSRI antidepressants) must not be administered as emergency treatment.

J. Review and debriefing process

1. The individual and staff shall convene and participate in a debriefing about the emergency episode as soon as possible, but within twenty-four (24) hours of the use of emergency medication.
2. Documentation of the debriefing must be kept in the individual's health record and be available for DCS review upon request.

K. PRN use of psychotropic medication

1. Psychotropic medications used on a PRN basis will be allowed only to treat a child/youth's psychiatric condition and not for behavioral control, discipline, or coercion. (Examples of the need for PRN psychotropic medication may include helping a child/youth sleep, to counteract intense periods of anxiety or panic, etc.)
2. The use of PRN psychotropic medications will be allowed only after prior authorization from DCS has been obtained. No unlimited standing orders for PRN psychotropic medications will be permitted.
 - a) The provider who prescribes the psychotropic medication for the child/youth must submit a prior authorization request (using form *CS-0628, Request Prior Approval of PRN Psychotropic Medication*) to the regional health unit nurse that clearly specifies the conditions for the use of the PRN psychotropic medication. The provider must document:
 - ◆ Why the PRN medication is necessary,
 - ◆ The psychiatric symptoms it will treat,
 - ◆ Other behavioral interventions being used,
 - ◆ All other medications prescribed for the child/youth,
 - ◆ The limited time period for which the PRN medication will be used, and
 - ◆ The anticipated frequency of use.
 - b) Once the regional health unit reviews the request, he/she will forward it to the DCS Central Office for approval by the Director of Medical and Behavioral Services.

- c) Informed consent (per DCS policy [20.24, Informed Consent](#)) is required for the use of PRN psychotropic medication. If the parent provides consent for the PRN medication, the provider must still obtain authorization from DCS (both the regional health unit nurse and the Director of Medical and Behavioral Services) prior to the use of the PRN psychotropic medication.
 - d) After authorization is obtained to use a PRN psychotropic medication, the provider must notify DCS in accordance with DCS Policy [1.4 Incident Reporting](#), using form *CS-0496, Serious Incident Report for DCS Contract Agencies and DCS Foster Homes*, or on the Critical Incident Reporting Web-based application on the DCS Intranet each time the PRN medication is given. The Division of Medical and Behavioral Services will review each instance of the use of PRN psychotropic medication within twenty-four (24) hours of notification. Additionally, the use of PRN psychotropic medication will be evaluated each time a provider is audited or visited by DCS Quality Assurance.
- 3. Procedures outlined for the documentation, monitoring, notification, evaluation, review and debriefing after the emergency use of psychotropic medication also apply to the PRN use of psychotropic medication when the PRN is given in a Level IV setting.
 - 4. For PRN use of psychotropic medications outside a hospital facility or setting, procedures for documentation, notification, review, etc. must follow DCS policy and procedure for incident reporting (see *DCS Policy 1.4 Incident Reporting*).

Forms

CS-0496	Serious Incident Report
CS-0628	Request for Prior Approval of PRN Psychotropic Medication

Collateral Documents

JCAHO Standards, DCS "Standards of Professional Practice For Serving Children and Families: A Model of Practice", CMS (HCFA) Regulations.

Standards

JCAHO TX.2.1.3

JCAHO TX.2.2.6

JCAHO TX.3.4.1

CMS (HCFA) Regulation: A780

CMS (HCFA) Regulation: A781

Standards (continued)

CMS (HCFA) Regulation: A782

CMS (HCFA) Regulation: A783

CMS (HCFA) Regulation: A786

DCS Practice Model Standard – 2-602

DCS Practice Model Standard – 7-100A

DCS Practice Model Standard – 7-120C

DCS Practice Model Standard – 7-121C

DCS Practice Model Standard – 7-122D

DCS Practice Model Standard – 7-200A

DCS Practice Model Standard – 7-201A

DCS Practice Model Standard – 7-204A

DCS Practice Model Standard – 7-207B

DCS Practice Model Standard – 7-208B

DCS Practice Model Standard – 7-209B

DCS Practice Model Standard – 7-211B

DCS Practice Model Standard – 7-212B

DCS Practice Model Standard – 7-213B

DCS Practice Model Standard – 7-227C

Glossary

<i>Term</i>	<i>Definition</i>
<i>Chemical Restraint:</i>	A psychoactive drug or medication that is used to temporarily and involuntarily immobilize an individual or otherwise limit a person's freedom of movement. Psychotropic medication shall not be used as a means of control or discipline of children/youth or for the convenience of the treating facility. Chemical restraints are different from the ongoing use of medication for the treatment of symptoms of underlying psychiatric illness.
<i>Convenience:</i>	Any action taken by a facility to control a resident's behavior or manage a resident's behavior with a lesser amount of effort by the facility and not in the resident's best interest.

<i>Discipline:</i>	Any action taken by a facility for the purpose of punishing or penalizing residents.
<i>Emergency:</i>	Any event in which a child/youth placed in an out-of-home care setting poses an imminent or immediate risk of harm to the physical safety of himself/herself or other individuals.
<i>Joint Commission on Accreditation of Health Care Organizations (JCAHO):</i>	The Joint Commission evaluates and accredits more than 16,000 health care organizations and programs in the United States. An independent, not-for-profit organization, JCAHO is the nation's predominant standards-setting and accrediting body in health care. Since 1951, JCAHO has developed state-of-the-art, professionally based standards and evaluated the compliance of health care organizations against these benchmarks.
<i>Intramuscular (I M):</i>	Within a muscle; "an intramuscular injection"
<i>Licensed Independent Practitioner:</i>	<p>An individual licensed by the Tennessee Health Related Boards as a:</p> <ul style="list-style-type: none">a) Medical doctor;b) Doctor of osteopathy;c) Physician assistant;d) Certified nurse practitioner;e) Registered nurse with a master's degree in psychiatric nursing and certification to prescribe medication;f) Psychologist with health service provider designation;g) Licensed clinical social worker;h) Licensed professional counselor; ori) Other licensed mental health professionals who are permitted by law or chapter to practice independently. <p>In addition, to be considered a licensed independent practitioner, the individual must be privileged by the hospital/facility medical staff and governing body.</p>

Medical Symptom: An indication or characteristic of a physical or psychological condition.

PO: Per Os (Latin: by mouth, orally)

PRN: PRN is an abbreviation for the Latin ***pro rae nata***, which means, "use as needed or according to circumstances". Five variables to be considered in the treatment plan:

1. Entry Criterion: Define the specific index behavior indicating PRN use, including the frequency and intensity (or the specific situation for PRN use).
2. Pre-Implementation Criterion: Describe step-by-step the alternative interventions or techniques to be implemented, if possible, before using the PRN.
3. Procedural Criterion: List the specific action to occur after the PRN is given.
4. Failure Criterion: Define a level of use prompting review to determine if the PRN is excessively used or is ineffective.
5. Exit Criterion: Define a time-limiting period for PRN use or a level of non-use prompting review to determine if the PRN order should be discontinued.